

Going Dutch? How to make clinical guidelines work: an innovative report from Holland

Geoffrey Gill

ABSTRACT – This article describes the findings of a recent Dutch enquiry on the translation of modern medical evidence and research into good clinical practice. There is a huge current increase in ‘clinical guidelines’ for many diseases, but even when reasonably evidence-based, there is little evidence that they positively affect clinical practice and patient care to any great extent. Educational and management issues are as important as the quality of the clinical advice. Patient acceptance factors also need to be considered.

This is a report prepared by the Health Council of the Netherlands in 1999 at the request of the Minister of Health, Welfare and Sport of the Dutch Government. This interesting and innovative document tackles the problem of how the growing new scientific insights into disease processes could best be translated into clinical patient care provision – possibly by the use of agreed guidelines of practice. The composition of the working party was sensibly multidisciplinary, and representative of both primary and secondary care; nor was it entirely medical – the medics took the majority by only just over half (of the total of 15 members); the others included a healthcare manager, an educationalist and a philosopher.

The report begins by explaining the potential conflicts between the ‘art of medicine’ and the ‘science of medicine’. It emphasises the appropriateness of introducing scientific advances into medical practice, but also considers whether this process can go too far – what it calls the ‘scientification’ of medicine. This process impacts very much on patient dynamics – patients are nowadays much more aware

of scientific advances, and are presented by the media with concepts of what doctors *should* be doing, which may be at odds with what they *are* doing. Along with this, they are encouraged to complain and litigate – a process that the Dutch report sees as a consequence of what they call the present ‘information culture’.

Science, information and evidence impact on clinical practice in the form of ‘guidelines’ – distillations of good clinical practice based on firm evidence. This all sounds fine – but the Dutch working party point out that in the USA there are currently approximately 2,200 such guidelines, in the UK ‘several hundred’, and in Germany ‘almost a thousand’. This explosion of advice clearly needs some sort of organisation and leadership, but this is so far lacking. Research into whether guidelines are actually followed is disappointing – the reporters performed a ‘mini-meta-analysis’ of such reports, and concluded that ‘on average the recommendations appear to have been followed in 55% of decisions’, with a variation about the mean of 0–100%. In addition, the crucial question of whether clinical guidelines actually have beneficial effects on patients shows only ‘a positive effect in a minority’.

To some extent, these results are perhaps not unexpected. Simply giving out pieces of paper with the current guidelines for treating asthma, hypertension or type 2 diabetes etc is unlikely to succeed. The Dutch consider that there needs to be a ‘broadening of the implementation process’ – breaking the communication, educative and acceptance processes into stages and considering the factors that influence resistance to accepting new systems. These may include social, cultural, educational and management issues.

A further problem concerns the robustness of clinical guidelines. In the past, many were ‘opinion-based’ rather than ‘evidence-based’ and, perhaps not surprisingly, the former type of advice was not widely adopted. Even so-called ‘evidence-based guidelines’ vary in the strength of their scientific basis, and this affects their clinical uptake. The report supports evidence-based medicine, but does not give it overdue reverence. In particular, it is critical of the ‘god-like’ status of the randomised-controlled-trial. In this context, a major conclusion is that it is vital to

Geoffrey Gill MSc
MA FRCP, Reader in
Medicine,
University Hospital
Aintree, Liverpool

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Key Points

Clinical guidelines aim to convert medical science into good clinical practice

There is little evidence that most clinical guidelines work

Clinical guidelines probably fail to work because their implementation ignores managerial and educational issues

From implementing to learning: the importance of a dialogue between practice and science in health care.

Health Council of the Netherlands, The Hague, 2000.

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'establish a significant relationship between different types of data.'

An important element of this report is that it emphasises the role of managerial skills and systems in implementing care guidelines, and also the crucial importance of patients' opinions in developing systems of care that will ultimately be acceptable. As an aside, it is nice to know that the word 'patient' is still acceptable in Holland, and not the dreadful UK newspeak term 'client'!

This is a sensible and balanced report, tackling a crucial issue. The authors acknowledge that we still do not have all the required evidence to know how best to implement advantageous change in clinical practice, but we certainly have some of it – and enough considerably to improve our delivery of good clinical guidelines now.

Address for correspondence: Dr Geoffrey Gill, Reader in Medicine, University Hospital Aintree, Liverpool L9 1AE

Assessment and Appraisal of doctors in training

Principles and Practice

Edited by George Cowan

All doctors in training after full registration are now required to be *assessed* regularly against criteria devised by their respective specialties and based on the qualities of a doctor as set out by the General Medical Council in *Good Medical Practice*. This assessment is usually conducted by a consultant who is in overall charge of the training of the junior doctor – with external input when necessary. However, fair and open judgements cannot be made without the support of a framework of *appraisal* of doctors in training by their trainers. Both trainees and trainers require to be educated in the correct methods of conducting these processes.

The Royal College of Physicians have published a new generic Curriculum for Senior House Officers in medical specialties and an Appraisal and Education Record to support it. The curricula for higher specialist training in all medical specialties are also being rewritten within a framework designed to enhance the rigour of the assessment of specialist registrars.

It is timely that this book should appear to support these initiatives. The authors, who are experts in both the theory and practice of assessment and appraisal, give clear insight and concise guidance into the processes involved. This short book provides a valuable resource for consultants in all specialties involved in the training of junior doctors and will be equally helpful for specialist registrars who are preparing for their consultant responsibilities.

CONTENTS – Appraisal and assessment: definitions *by George Cowan* ■ Principles of good practice in appraisal *by Edward Rosen* ■ Educational appraisal: process and practice *by Maurice Greenberg* ■ Appraisal as part of the training experience: perceptions of trainees *by Elizabeth Paice* ■ Principles of assessment of doctors in training *by George Cowan* ■ Record of in-training assessment: review in practice in the medical specialties *by Peter Mills and Isobel Williams* ■ Appendix – Specialist Training Authority requirements for the supervision of trainees



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